)		PART B	- FEE(S) TRAI	NSMITTAL		
Complete and send of	his form, together wit	h applicable fe	ee(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000		
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran rrespondence including the l below or directed otherwise	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and PUBLIC lers and notification specifying a new co	CATION FEE (if requ of maintenance fees v orrespondence address;	ired). Blocks 1 through 4 s vill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 26211 7590 06/21/2004 FISH & RICHARDSON P.C. 45 ROCKEFELLER PLAZA, SUITE 2800 NEW YORK, NY 10111				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. Paula T. Romeo (Depositor's name) Paula T. Romeo (Oepositor's name) Cignature) September 14, 2004 (Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/963,267	09/26/2001	Haruo Hyodo			10417-101001	8383
TITLE OF INVENTION: A	HOLLOW AIRTIGHT SEN	MICONDUCTOR E	DEVICE PACKAGE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 (Number is required.	names of up to agents OR, alternatirm (having as a agent) and the natattorneys or agent will be printed. HE PATENT (print of	TENT (print or type)				
(A) NAME OF ASSIGNI	a to the OSF 10 of is being s	ubmitted under sepa	arate cover. Complet	Y and STATE OR COL	ssignee data is only appropri Ta substitute for filing an ass JNTRY)	ate when an assignment has ignment.
Please check the appropriate	assignee category or categor	ries (will not be prir	nted on the patent);	☐ individual ☐xc	orporation or other private g	roup entity
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other than the applicant; a interest as shown by the recommendation of information of informatio	Publication Fee (if require a registered attorney or age cords of the United States Partition is required by 37 CFR by the public which is to fill it is governed by 35 U.S.C. It es to complete, including gament to the USPTO. Time will the amount of time your his burden, should be sent to Office, U.S. Department of END FEES OR COMPLE for Patents, Alexandria, Virguation Act of 1995, no poless it displays a valid OMB	nt; or the assignee tent and Trademark 1.311. The informate (and by the USP) 22 and 37 CFR 1.14 thering, preparing, I vary depending usequire to complete to the Chief Inform of Commerce, Ale TED FORMS TO inia 22313-1450. ersons are require.	epted from anyone or other party in Office. ation is required to PTO to process) and. This collection is and submitting the upon the individual of this form and/or ation Officer, U.S. exandria, Virginia THIS ADDRESS.	09/20/2004 01 FC:1501 02 FC:1504 03 FC:8001	FFANAIA3 00000047 0996	3267 1330.00 OP 300.00 OP 30.00 OP